

Abdul Khalid, MD, P.A.

312 W Millbrook Road, Suite 121, Raleigh NC 27609-4398 (919) 648-0281 Fax (919) 400-4505

Patient Name: _____

Outpatient Service Contract

Thank you for choosing Abdul Khalid, MD, P.A., for your mental health needs. Please take a moment to familiarize yourself with our policies and procedures and do not hesitate in contacting us if you have any questions.

Payment: It is our policy to require payment at the time of service. Your insurance requires us to collect co-pays and deductible payments at the time of service.

Insurance Coverage: If we are contracted with your insurance company, we will file your claims at no cost to you. Insurance is a contract between you and your insurance company. It is your responsibility to know your benefits before you receive services. If your insurance company requires you to obtain a referral and/or preauthorization, you are responsible for obtaining it. You are responsible for any services that your insurance company does not cover.

If no Insurance Coverage:

- Initial Evaluation/Single Consultation Evaluation, New Patient: \$285 cash
- Individual Session (45 minutes): \$150 cash
- Family Session (45 minutes): \$150 cash
- Medication Management (15- 25 minutes): \$90 cash
- Routine Follow-up with counseling (25 minutes): \$100 cash
- Court Appearance: \$600, plus billing at an hourly rate of \$200 for preparation, transit time, pre-trial meetings, and total time required during actual court appearance.
- Paperwork preparation for disability claims Charge \$50.00

Returned Checks: There is a fee (currently \$35) for any checks returned by our bank. We do not redeposit returned checks.

Missed Appointments: Patients, who do not show up on time, completely miss an appointment, or cancel less than 24 hours will be charged the **FULL FEE** of the appointment. This charge is not payable by your insurance company.

Two or more missed appointments with late or no cancelation may result in termination of your care from the practice.

Prescription Refills: All prescription refill requests must be made during regular business hours. Please allow three business days to process these requests and **DO NOT WAIT UNTIL YOUR MEDICINES RUN OUT**. We reserve right to charge \$25 fee for any prescription refill request resulting from missed or cancelled appointments.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we refer your account for collection, you will be responsible for all collections costs, lawyers' fees, and court costs which are incurred.

Abdul Khalid, MD, P.A.

312 W Millbrook Road, Suite 121, Raleigh NC 27609-4398 (919) 648-0281 Fax (919) 400-4505

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Medical Record Requests: You will need to request in writing, and pay a fee, if you want to have copies of your records sent to another doctor or organization. There is a \$10 retrieval fee plus 50cents per page for the first 50 pages; 25cents per page after the 50thpage. This fee is due prior to releasing the medical record.

Once you have signed this agreement, you agree to our policies. In order to cancel this agreement, you must submit the cancellation in writing.

Consent for Treatment

If you are 18 years of age or older you are personally consenting to the treatment. If the patient is other than yourself and you are the legal guardian/parent, you are consenting to the treatment for the patient.

Please note that your first visit is a psychiatric assessment with the provider. During this assessment the provider will evaluate if they can provide appropriate service to best meet your mental health needs. If, for any reason, our providers feel that they are not able adequately address your health care needs then appropriate referrals will be made.

By signing below you are acknowledging that you have received, reviewed, understood, and agreed to the "HIPAA Notice of privacy practices" and "Abdul Khalid, MD, P.A., out Patient Service Contract". These documents describe the practice's, policies and procedures related to the use and disclosure of any component of your protected health information created, received and maintained by our practice and the practice's policies and procedures regarding filing insurances, understanding your benefits and acknowledging the fees associated with the No-Shows forms and letters.

Acknowledged and agreed by:

Patient's Name

Date

Patient's Signature